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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/039,232
Filing Date	December 31, 2001
First Named Inventor	Reeves
Group Art Unit	1732
Examiner Name	
Attorney Docket Number	11710-0320 (44040-706105)

To: Commissioner for Patents

PO Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are: Conflict of Interest

1. The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	Kimberly-Clark Worldwide, Inc.		
Address	Legal Department		
Address	401 North Lake Street		
City	Neenah	State	WI
Country	USA		
Telephone	920-721-2000	Fax	

This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name	Robert E. Richards - Reg. No. 29,105
Signature	
Date	6-30-03

NOTE: Withdrawal is effective when approved rather than when received**Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

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